USMC Medical Capabilities

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Medical Officer of the Marine Corps

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QRM January 2009 Report

The Road Ahead: Interagency Operations

"The Department's vision is to support maturation of whole-of-government Approaches to national security problems..."

Conducting Stabilization and Reconstruction Operations

"Today, military forces are conducting a wide range of civil-military operations and activities... and have performed these missions for more than a century... A better understanding of how civilian-military efforts must be mutually supportive and when operations should transition between military-led and civilian-led activities.

A member of the U.S. Navy amphibious assault ship USS Kearsarge (LHD 3) provides medical care during hurricane relief operations in Haiti. The Department of Defense advocates expanding whole-of-government collaboration on concepts such as disaster relief operations abroad.

U.S. Navy photo by Mass Communication Specialist 2nd Class Jilleanne Buda/Released

ref: NSPD-44 and Title 16 of the 2009 NDAA

USMC VISION 2025

The Marine Corps of 2025 will fight and win our Nation's battles with multi-capable MAGTFs, either from the sea or in sustained operations ashore. Our unique role as the **Nation's force in readiness**, along with our values, enduring ethos, and core competencies, will ensure we remain highly responsive to the needs of combatant commanders in an uncertain environment and against irregular threats. Our future Corps will be increasingly reliant on naval deployment, preventive in approach, leaner in equipment, versatile in capabilities, and innovative in mindset. In an evolving and complex world, **we will excel as the Nation's expeditionary "force of choice"**.

Strategy Objectives for 2025

- Focus on the Individual Marine
- Improve Training and Education for Fog, Friction, and Uncertainty
- Expand Persistent Forward Presence and Engagement
- Posture for Hybrid Threats in Complex Environments
- Reinforce Naval Relationships

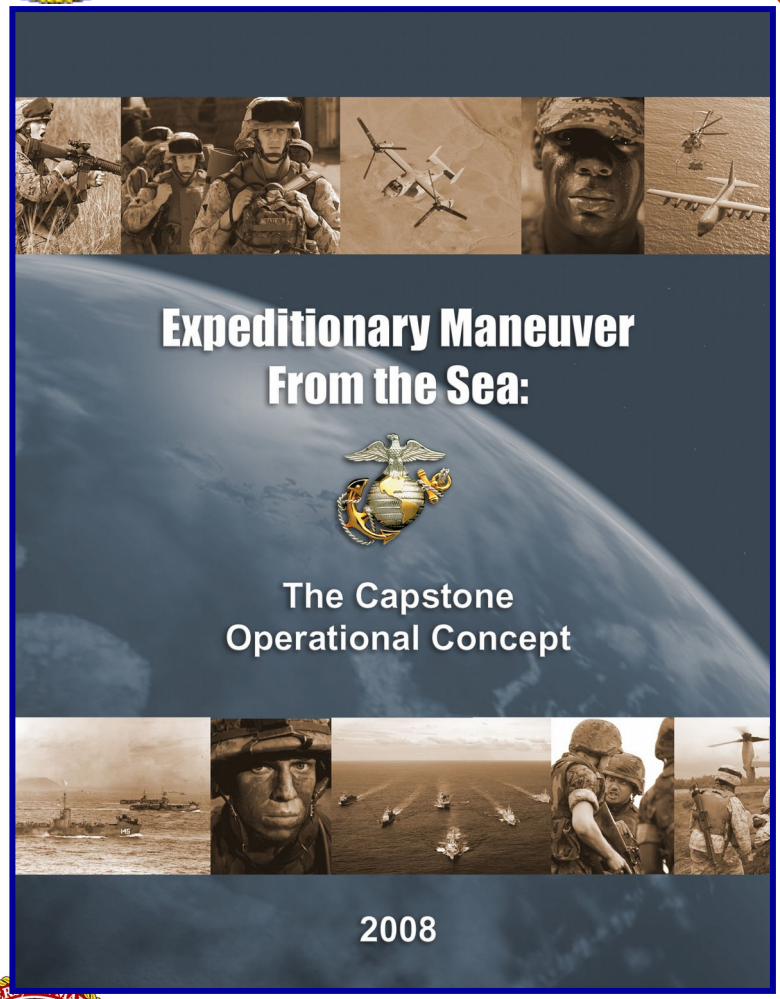
- Ensure Amphibious Force Levels Meet Strategic Requirements
- Create Joint Seabasing Capabilities
- Lead Joint/ Multinational Operations and Enable Interagency Activities
- Maintain A Ready and Sustainable Reserve
- Build and Deploy Multicapable MAGTFs

A national imperative - Strengthening the MAGTF for employment across the ROMO

USMC Core Competencies

- **The Corps conducts** persistent forward naval engagement **and is always prepared to respond as the** Nation's force in readiness**.**
- The Corps employs **integrated combined arms** across the range of military operations, and can operate as part of a joint or multinational force.
- The Corps provides **forces and specialized detachments for service aboard naval ships**, on stations, and for operations ashore.
- The Corps conducts **joint forcible entry operations** from the sea and develops amphibious landing force capabilities and doctrine.
- The Corps conducts **complex expeditionary operations** in the urban littorals and other challenging environments.
- The Corps leads **joint / multinational operations and enables interagency activities**.

Capstone Operational Concept



"Using the Commandant's Vision and Strategy as a preface, this anthology presents our Capstone Operational Concept followed by a family of operational concepts. Collectively, they provide a bridge from the national strategy and overarching naval concept to service-specific operating concepts and envisioned capabilities." LtGen Amos, DC CD&I

- **Defeating Hybrid threats and challenges**
- **Enhancing the MAGTF's** *flexibility, agility, and adaptability*
- **Enabling Marines to think faster – decide faster- act decisively**
- **Increase the ability of the rifle company to conduct the full range of missions**

- **Describes four operational imperatives necessary to win**
  - **Seabasing**
  - **Persistent forward presence and engagement**
  - **Agile and adaptable forces**
  - **Multicapable across the ROMO**

Assumptions

- That the Marine Corps will remain a Multicapable Force—relevant across the range of military operations (ROMO)
- That geographic CCDRs will have a greater demand for Marine forces to conduct theater security cooperation
- That CENTCOM drawdown and 202K growth will allow a more balanced presence throughout the globe
- That current initiatives will enhance the Marine Corps' irregular warfare capability and capacity
- That Agreed Implementation Plans (AIPs) are implemented with Marine Corps recommended changes
- That funding and authorities will be aligned to support Marine operations in support of CCDR theater campaign plan requirements

MAGTFs
Across the Range of Military Operations

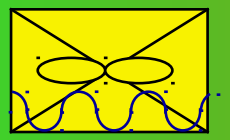
Partner and Prevent, Persistent Presence

Crisis Response and Limited Contingency Ops

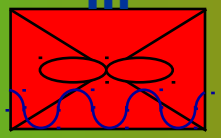
Forcible Entry and Major Operations and Campaigns

Train, Advise, & Assist Teams

Dets, Platoons & Companies



SP MAGTF
SC MAGTF
Task Organized



III

MEU
~2,200 personnel
- Battalion (Rein)
- Composite Sqdn
- Combat Log Bn

X

MEB
14,000 – 17,000 personnel
- Regiment (Rein)
- Marine Air Group
- Combat Log Regiment

XXX

MEF
40,000 – 80,000+ personnel
- Divisions
- Wings
- Marine Log Group

Multicapable

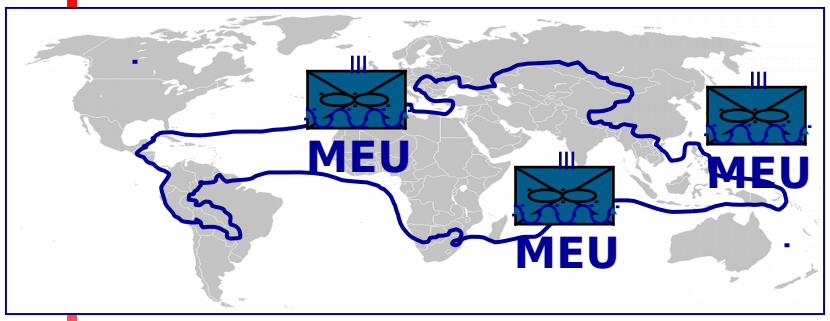
"Two- Fisted Fighter"

Across the ROMO

Joint / Multinational Operations and Interagency Activities

Multicapable Across the ROMO

Crisis Response / HA / Small Scale Contingencies



-- East Timor
-- Kosovo
-- Liberia
-- Haiti
-- Philippines
-- Indonesia
-- Sri Lanka
-- US Gulf Coas
-- Pakistan
-- Lebanon

Crisis / Contingency Response

- **Deter aggression**
- **Quickly respond to crisis & aggression**
- **Protect citizens / interests**
  - **63% of the world's population lives in the littorals ~~... 75% by 2030~~**
- **Expand influence**
  - **Strengthen alliances**
  - **nformation**

SP MAGTF
MEU

Partner and Prevent, Persistent Presence
Crisis Response and Limited Contingency Operations
Forcible Entry and Major Operations / Campaigns

34th Commandant's Priorities

Our Marines and Sailors are our number one priority

- Achieve victory in the long war
- Right-size our Corps to achieve 1:2 deployment to dwell time
- Provide our Nation a naval force that is fully prepared for employment as a MAGTF across the spectrum of conflict
- Reset and modernize to "be most ready when the Nation is least ready
- Improve quality of life for our Marines and our families
- Rededicate ourselves to our Core Values and warrior ethos
- Posture the Marine Corps for the future

Vision for USMC Health Services

- **Expectations from the GWOT**
  - OIF/OEF "…historically low DNBI and DOW rates"
  - "Golden Hour" for resuscitative surgery
  - We will rapidly adapt to novel missions and operational requirements
  - We will provide only essential care in theater, with rapid evacuation to definitive care
  - We will provide medical care for civilian casualties, EPWs, detainees
  - Our innovations will be based on analysis of available data
  - We will rapidly insert new medical technology into ongoing operations
  - We will use operational and medical lessons learned to guide enhancements
  - OUR PRIMARY FOCUS IS CARE OF THE WOUNDED, ILL, AND INJURED (WII) MARINE AND SAILOR

- **We will be expected to set the standard for far-forward resuscitative care, and provide "*best in the world operational medicine and Force Health Protection*"**

Vision for USMC Health Services Strategic Outlook

- USMC units will provide organic health service support wherever they are engaged across ROMO
- USMC will face a resource constrained environment; however, force protection and health service support will remain a CMC priority
- USMC will continue to be deployed world-wide in the GWOT
  - MCO
  - Homeland defense, civil support, and consequence management
  - Stability, Security, Transition, and Reconstruction Operations (SSTRO)
  - Medical civil-military operations
  - Detainee operations
- USMC will seek interoperability with naval, joint and coalition partners, and leverage the capabilities of gov't agencies, NGOs and PVOs
- USMC will face continued Congressional & DoD requirements to improve force protection, deployment health surveillance, and support returning casualties and their families
- Decreasing number of hospital beds in theater, emphasizing essential care in theater and rapid evacuation out of theater
  - DoD-wide “skip policy” from Level III
  - Many more Level II+

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USMC Health Services Guidance

- **Optimize USMC health service capabilities and capacity for FHP and essential care in austere, expeditionary environments**
  - **Across the range of military operations**
  - **Ashore and Afloat**
  - **EMW/STOM/Distributed Operations/COIN and soft power focus**
  - **Conventional and CBRNE warfare**
- **Focus on our essential and enabling clinical capabilities plus capacity**
- **Reserve Component should mirror Active Component**
- **Set up Garrison Care with:**
  - **Quality in mind**
  - **Continuum of care**
  - **"Train as you will fight"**
  - **Alignment in CONUS as deployed**
- **Partnerships with Navy Medicine, other Services, VA, Civilian, and NGOs**
  - **Leverage their recent advances to improve interoperability within the USMC**
  - **Increase interdependence with Navy Medicine and the other Services/VA**
  - **What is our core 'must do' and what should we let others do**
- **Be open to new ideas and alternative means to achieve our common goals**

Continuum of Care Focus – TMO ESG/OAG

- **Next Generation Marine 'Docs' and Medical/Dental Providers**
- **Next Generation Platforms, CASEVACS, and Environments**
- **Next Generation Marine - Resilience, Medic, Behavioralist?**
- **Reservist**
- **Casualty Care and Families through the Healthcare System**
- **Technology, Research, Information Mgt.**

2009 HSOAG
Solution Team: First Responder / BAS Capability –Platform Requirements

Requirements - Capabilities

- Mobile Forward Aid Station
- ABC resuscitative ability for several casualties, holding 48 hrs
  - Enhanced airway management including suction, low weight 02-generating vent, chest tube capabilities
  - Volume resuscitation, hemorrhage management
- 1st Responder (Corpsman) at Point of Injury with current capacity and skill set – but systemic ability to advance care as per emerging technologies

Recommendations:

- Create dividable / scalable / modular / task-organized BAS into 2-7 “Forward Aid Stations” with enhanced airway, resuscitative and holding capacities;
- Establish Working Council to study / determine:
  - Modularity, Equipment, Technologies, Personnel

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Discussion:

- Requirements - Personnel
  - Forward Aid Station: IDC, PA, NP, Advanced HM, or MO with enhanced trauma resuscitative capacity and skill set
- Requirements – Equipment
  - Scalable TE with STP equipment in addition to traditional BAS sick call
  - Low-weight, portable, 02-generating ventilator ability
  - X-ray, Ultrasound, ISTAT at main BAS
  - Decon capability TE to main and Forward Aid Stations
  - Defined Sports Medicine TE for BAS

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Recommendations:

- **Establish a summit to standardize medical training requirements (T&R Manual) and develop the "continuum of training matrix"**

  [to include BUPERS, HQMC, MARFOR, MPT&E & TECOM]
  - **Basic/Core Skills (i.e. Trauma Management, Sick Call, Dental, Preventive Medicine, Mass Casualty, TeleMED, Sports Medicine, Warfighting, etc.);**
  - **Advanced/Specialized Skills (i.e. COSC, TBI, CBRN, HADR, Paramedic Skills, Casevac/Medevac, Medical Cultural/Language, etc.);**
  - **Sustainment Skills (Establish an FMF "On Ramp" Refresher Course);**
- **Establish Medical Training Cells at each MEF/MFR and MSC**
- **Add HS T&R compliance to CGRI – HQMC IG**
- **Leverage/Review Joint training opportunities; FMSO and FMST**

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Recommendations:

- A core capability of FRSS/STP/ERC teams organic to Med BN to meet full spectrum of forward resuscitative care to “Level II+” care
- Structure resuscitative capability to be light, small, and scalable across the full spectrum of combat operations IOT support future Expeditionary requirements
  - Use the ERSS model as a starting point
- Nominate a study group to determine…
  - The composition, capability, skill sets for expeditionary teams
  - Which HSAP billets to convert to organic Medical Battalion critical core resuscitative capabilities
  - How to convert HSAP billets
  - A process to streamline and expedite the repositioning and re-allocation of resuscitative capabilities on the battlefield in response to changing combat tempo and Main Effort; Right capability, right place, right time.

HQMC HS

- **Organizational Changes and Structure**
  - Special Staff
  - TMO Executive Steering Group (ESG)
  - OAG
  - FHBOD
- **Capability Documents and EMW HSS**

INITIAL CAPABILITIES DOCUMENT (ICD)

For

United States Marine Corps Health Service Support (HSS) for
Expeditionary Maneuver Warfare (EMW)

Potential ACAT III

Validation Authority: United States Marine Corps
Approval Authority: United States Marine Corps
Milestone Decision Authority:
Commander, Marine Corps Systems Command

Joint Potential Designation: Joint Integration

Prepared for Concept Refinement Decision

16 September 2008
V 1.0

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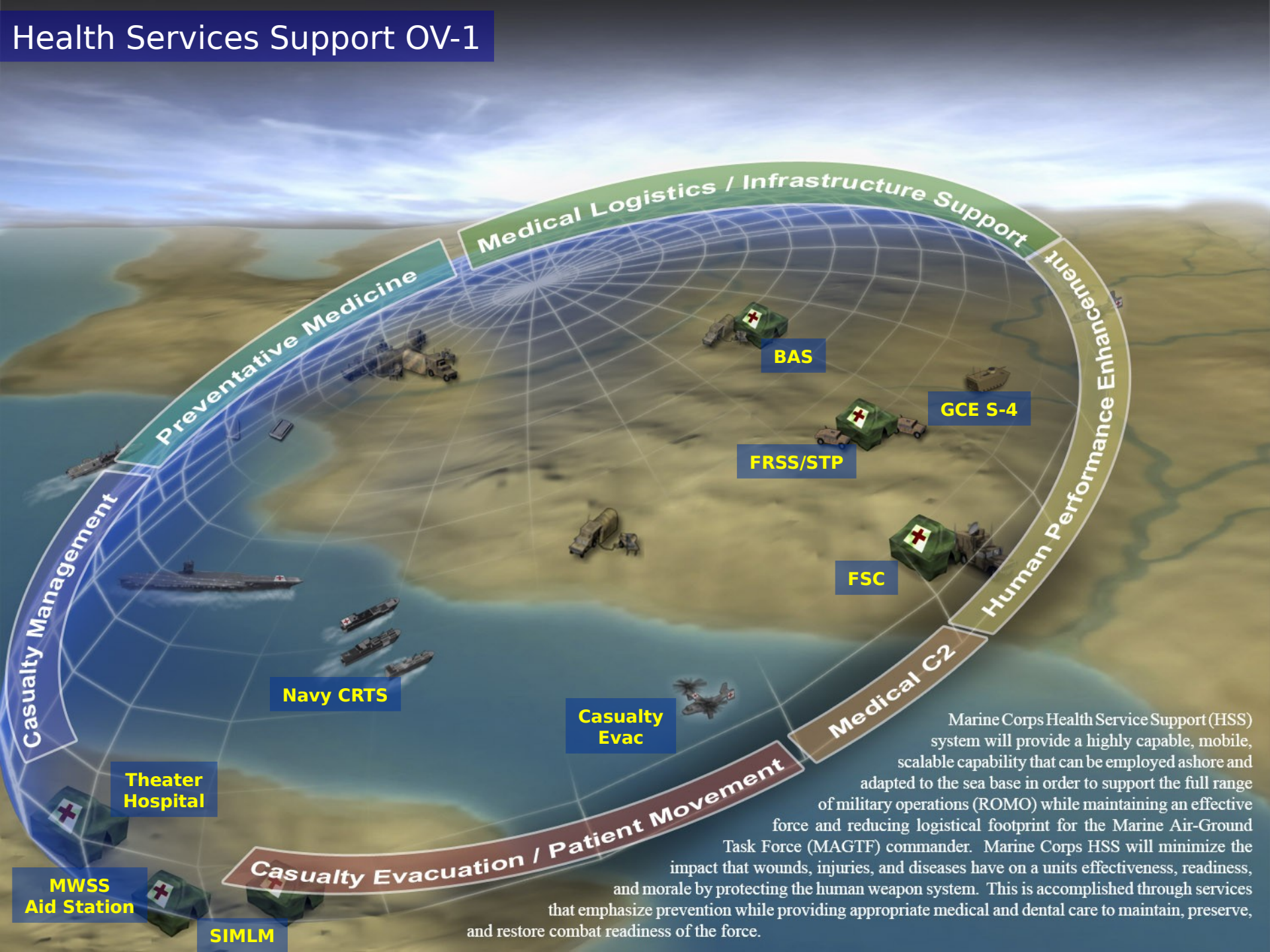
Health Services Support OV-1



Marine Corps Health Service Support (HSS) system will provide a highly capable, mobile, scalable capability that can be employed ashore and adapted to the sea base in order to support the full range of military operations (ROMO) while maintaining an effective force and reducing logistical footprint for the Marine Air-Ground Task Force (MAGTF) commander. Marine Corps HSS will minimize the impact that wounds, injuries, and diseases have on a units effectiveness, readiness, and morale by protecting the human weapon system. This is accomplished through services that emphasize prevention while providing appropriate medical and dental care to maintain, preserve, and restore combat readiness of the force.

QUESTIONS?

EVERY MARINE/SAILOR AN AMBASSADOR AND NO BETTER FRIEND

EVERY MARINE/SAILOR A WARRIOR AND A FOE'S WORST ENEMY

BACK UP SLIDES

MAGTF Implications

- Decentralized MAGTF operations
  - **Develop Small unit leaders**
  - **Integrate Predeployment training**
  - **Conduct Enhanced Company Operations (ECO)**
- MAGTF effectiveness in complex terrain
  - **Increase small unit training and situational awareness**
  - **Improve Ground tactical mobility**
  - **Enhance Assault support**
  - **Develop Unmanned systems**
  - **Lighten the load while enhancing protection**
- Complex and media-intensive **operational environments**
  - **Increase effectiveness in the Information Environment**
- Operational Culture, regional, & language and communication skills

"We must train and educate Marines at all levels on the challenges and opportunities presented by the Information Age so that it becomes inherent in everything we do."

Long War Concept

The Marine Corps Plan for Strategic Force Employment to Achieve a Stable Global

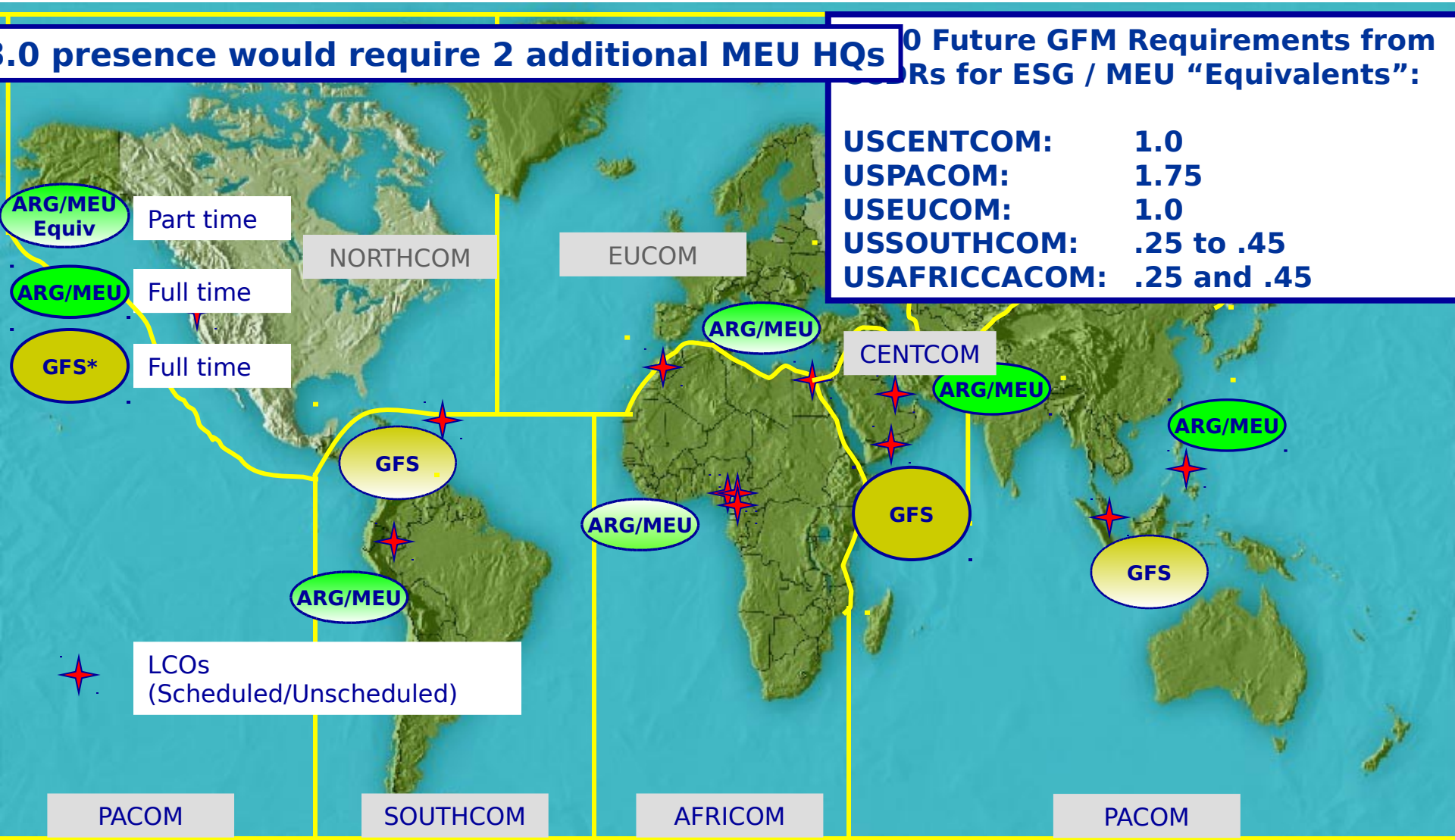
"Evolve Marine Corps and naval operating concepts that address our contributions to Combatant Commanders' theater security cooperation plans even as we maintain our contingency and crisis response capability"—34th CMC Planning Guidance 2006

Forward Deployed Future
3.0 MEU, GFS, Representative LCOs

3.0 presence would require 2 additional MEU HQs

0 Future GFM Requirements from Rs for ESG / MEU "Equivalents":

USCENTCOM:	**1.0**
USPACOM:	**1.75**
USEUCOM:	**1.0**
USSOUTHCOM:	**.25 to .45**
USAFRICCACOM:	**.25 and .45**



sumes Marine Forces Employed to 3 of 5 Projected GFS

USMC VISION

Dedicated to making Marines imbued with the ideal of self service to the Nation

Prepared to “live hard” in uncertain, chaotic, and austere environments

Deployed forward with relevant and timely capabilities

Forged to be lean, agile, and adaptable as individuals and as an institu

USMC VISION

- **Focused on executing sustainable expeditionary operations**
- **Trained and equipped to lead joint and multinational operations and enable**
- **Interagency activities**
- **Educated and trained to understand and defeat adversaries in complex conflicts**
- **Committed to taking care of Marines and their families**

Vision for USMC Health Services Guidance

- Essential Clinical Capabilities
  - **Preventive Medicine/Public Health/Epidemiology**
  - **Disease Surveillance & Reporting**
  - **Deployment Health Surveillance**
  - **Environmental Health**
  - **Industrial Hygiene**
  - **Entomology**
  - **Infectious Disease**
  - **Primary Care Services**
    - **Sick Call**
    - **Women's Healthcare**
    - **Aviation Medicine**
    - **Diving Medicine**
    - **Dental**
    - **Sports Medicine**
  - **First Responder Care (Self-aid, Buddy-aid, Combat Lifesaver, and Corpsmen)**
  - **Advanced Trauma Management**
  - **Mass Casualty Teams**
  - **Combat Operational Stress Control (OSCAR)**

Vision for USMC Health Services Guidance

- Essential Clinical Capabilities (Cont.)
  - **Far-forward Resuscitative Surgery (FRSS)**
  - **Shock Trauma Platoon (STP)**
  - **Forward Resuscitative Surgery (Surgical Company)**
  - **Combat Stress Teams (CST) with mTBI Capability**
  - **Clinical Laboratory Capability**
  - **Identification of Chemical/Biological Warfare Agents During Patient Care**
  - **Blood Management**
  - **Diagnostic Imaging**
  - **Pharmacy**
  - **Infection Control**
  - **Temporary Holding with Critical Care to Stabilize Patients for Evacuation**
  - **Enroute Care during RW Evacuation**
  - **Enroute Care during Ground Evacuation**
  - **Remote Physiological Monitoring of Marines and Patients**
  - **Telemedicine Capability, to include Reach-back to MTFs Outside the Theater**
  - **Patient Decontamination Capability**
  - **Provide limited medical care to Casualties, EPWs, and Detainees**

Vision for USMC Health Services Guidance

- Essential Enabling Capabilities
  - **Automated Systems to Collect and Manage Patient Information**
    - **Theater Medical Information Program**
    - **Medical Readiness Reporting System**
    - **AHLTA-T**
    - **Combat Trauma Registry**
    - **Casualty/Patient Tracking and Reporting**
    - **Combat Stress and TBI**
  - **Medical Planning**
  - **Medical Intelligence**
  - **Medical Logistics**
    - **Supply Chain Management**
    - **Material Handling**
    - **Biomedical Repair & Maintenance**
  - **Medical Modeling and Simulation**
  - **Medical and Operational Training**

Deployments – Current Big Rocks

- Mental Health – COSC, Suicides and OSCAR
- TBI – Technology and ANAM
- GMO ⟶ Specialist
- Enhanced MedBn and Next Generation FRSS and STP
- HSAP – IAs, CUIC and Platforms

Garrison Care

- Marine Centered Care
- Inspecting and Meeting the New Standards
- Privileging and Quality Assurance
- IM/IT – NexGen, AHLTA, TMIP, MRRS, DHAs
- Referral Management and Continuum in Care
- Casualty C arrior Transition Units

Marine and Family Care

- Patient and Family Centered Care
- Psychological Health and Stress
- Brain Injury and PTSD – HBOT and ??
- Future of Mohave Viper
- Autism (ASD) – ECHO
- TRICARE